



E-filing

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

SBA

FRANK W. Rupp
Douglas J. Gould Plaintiff,

vs.

FIRST AMERICAN TITLE COMPANY
a California corporation
Defendant.

CASE NO. 08 19389

APPLICATION TO PROCEED
IN FORMA PAUPERIS
(Non-prisoner cases only)

I, Douglas J. Gould, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed?

Yes ___ No ☒

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: _____ Net: _____

Employer: Disabled since 2002

If the answer is "no," state the date of last employment and the amount of the gross and net salary

children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)

N/A

5. Do you own or are you buying a home? Yes ___ No ☒

Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

6. Do you own an automobile? Yes ☒ No ___

Make A 100 VAN Year 1964 Model Step van

Is it financed? Yes ___ No ☒ If so, Total due: \$ _____

Monthly Payment: \$ _____

7. Do you have a bank account? Yes ☒ No ___ (Do not include account numbers.)

Name(s) and address(es) of bank: \$423.00 Neg balance

U.S. Bank Northgate Mall San Rafael CA.

Present balance(s): \$-423.00 Negative balance

Do you own any cash? Yes ☒ No ___ Amount: \$ \$26.00

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ___ No ☒

8. What are your monthly expenses?

Rent: \$ 300 month for camp ground fee Utilities: Gas \$200 month

Food: \$ 129.00 month food stamp Clothing: _____

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Account
N/A	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

No

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes ☒ No ☐

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

07-5954 MHP

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

4/11/08
DATE

Douglas J. Gould
SIGNATURE OF APPLICANT